

GOVERNMENT OF KARNATAKA

NO. LD 274 LET 2023

Karnataka Government Secretariat,
Vikasa Soudha,
Bangalore, dated: 16/03/2024

NOTIFICATION

The draft of the Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Rules, 2024 which the Government of Karnataka proposes to make in exercise of the powers conferred by section 22 of the Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Act, 2024 (Karnataka Act 13 of 2024) is hereby published as required by sub-section (1) of the said section for the information of all the persons likely to be affected thereby and notice is hereby given that the said draft will be taken into consideration after the expiry of thirty days from the date of its publication in the Official Gazette.

Any objections or suggestions which may be received by the State Government from any person with respect to the said draft before the expiry of the period specified above will be considered by the State Government. Objections and suggestions may be addressed to the Principal Secretary to Government, Labour Department, Vikasa Soudha, Bengaluru.

DRAFT RULES

1. Title, commencement and application.- (1) These rules may be called the Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Rules, 2024.

(2) They shall come into force from the date of their final publication in the Official Gazette.

(3) They shall apply to every undertaking as defined in clause (f) and (g) of sub-section (1) of section 2 of the Act.

2. Definition.- (1) In these rules, unless the context otherwise requires

- (a) **“Act”** means Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Act 2024 (Karnataka Act 13 of 2024);
- (b) **“Chairperson”** means the chairperson of the Board;
- (c) **“Member”** means a member of the Board; and
- (d) **“Section”** means a section of the Act.

(2) All other words and expressions used but not defined in these rules but defined in the Act shall have the same meaning as assigned to them in the Act.

3. Functions of the Board.- The Board shall perform the following functions, namely:-

- (1) ensure registration of motor transport and other allied workers;
- (2) make recommendations to the State Government for formulation, review and implementation of the schemes;
- (3) provide immediate assistance to a beneficiary in case of accident;

- (4) make payment towards funeral expenses due to natural death of the beneficiary;
- (5) give financial assistance for the education of children of the beneficiaries;
- (6) make payment of maternity benefit to the female beneficiary;
- (7) make payment of pension to the beneficiary who has completed the age of sixty years;
- (8) make provision for improvement of other welfare measures and facilities; and
- (9) send short message service (sms) to every beneficiary/applicant regarding status of his application.

4. Term of office of Members.- (1) A member, other than an Ex-Officio member, shall subject to the pleasure of the Government, hold office for a period not exceeding three years from the date of his nomination or till the reconstitution of the Board whichever is earlier.

(2) A member nominated under sub clause (d) of sub-section (2) of section 3 shall cease to be a member of the Board if he ceases to represent the category, from which he was so nominated.

(3) A member shall be eligible for re-nomination only on rotation basis.

5. Resignation.- (1) A member of the Board, not being a ex-officio member, may resign his office by a letter in writing addressed to the Chairperson.

(2) The seat of such as member shall fall vacant from the date on which his resignation is accepted or on the expiry of thirty days from the date of receipt of intimation of resignation, whichever is earlier.

(3) The power to accept the resignation of a member shall vest in the Chairperson who, on accepting the resignation, shall report to the Board in the next meeting.

6. Change of Address.- If a member changes his address, he shall notify his new address to the Member Secretary of the Board who shall there upon enter his new address in the official records:

Provided that if a member fails to notify his new address, the address in the official records shall for all purpose be deemed to be the member's correct address.

7. Manner of filling vacancies.- When a vacancy occurs or is likely to occur in the Membership of the Board, the Member-Secretary shall report to the State Government and on receipt of such report, the State Government may, by notification, nominate a person to fill the vacancy and the person so nominated shall hold office for the remainder of the term of office of the member in whose place he is nominated.

8. Allowances of members.- (1) The travelling allowance of an official member of the Board shall be governed by the rules applicable to him for journey performed by him on official duties and shall be paid by the authority paying his salary.

(2) The non-official members of the Board shall be entitled to the payment of travelling and daily allowance as per the provisions of Payment of Travelling Allowance (to Non-official Members of Committees,

Commissions or other Bodies) Rules, 2001, Annexure-A of Karnataka Civil Services Rules.

9. Disposal of business.- Every matter which the Board is required to take in to consideration shall be considered at a meeting of the Board, or if the Chairperson so directs, by circulation of resolution among the members and shall be passed by a simple majority of votes, where there is no consensus on a matter and the members of the Board are equally divided, the Chairperson shall have the deciding vote.

Explanation.—The expression “Chairperson” for the purpose of the above provision shall include a member nominated or chosen under sub-rule (2) of rule 10 to preside over a meeting.

10. Meeting.- (1) The Board shall meet at such places and at such times as may be decided by the Chairperson but shall meet at least once in three months.

(2) The Chairperson shall preside over every meeting of the Board in which he is present and in his absence he may nominate a member of the Board to preside over such meeting in his place and in the absence of such nomination by the Chairperson, the members of the Board present in such meeting may choose one member from amongst themselves to preside over the meeting.

11. Notice to meetings and list of business.- (1) Ordinarily, two weeks' notice shall be given to the members of the Board of a proposed meeting:

Provided that the Chairperson, if he is satisfied that it is necessary so to do, may give notice of longer period not exceeding one month for such meeting.

(2) No business except which is included in the list of business for a meeting of the Board shall be considered at the meeting without the permission of the Chairperson.

(3) The Chairperson may at any time call a special meeting of the Board in case of urgency, after informing the members in advance about the subject-matter of discussion and the reason of urgency.

12. Quorum.- (1) No business shall be transacted at any meeting of the Board unless at least six members are present in that meeting.

Provided that if at a meeting, less than six members are present, the Chairperson may adjourn the meeting to another date informing the members present and giving notice to the other members that he proposes to dispose off the business at the adjourned meeting whether there is quorum or not, and it shall there upon he can transact the business at the adjourned meeting irrespective of the number of members attending.

(2) The State Government may prohibit any member, other than ex officio members, from taking part in the Meeting of the Board if,-

(a) The member absents himself from three consecutive meetings of the Board without written information and consent of the Chairperson; or

- (b) The member in the opinion of the State Government, has ceased to represent the interest which he purports to represent on the Board.

13. Registration of motor transport and other allied workers.- (1) The workers belonging to the age group of 18 to 60 years and categories mentioned in clause (f) of section 2 of the Act shall apply in Form I to the registering officers notified under clause (a) of section 10 of the Act, along with his Address Proof, Aadhaar linked Bank Passbook, Driving License for drivers, Conductor license for conductors, employee I.D Card (If available) or employment certificate in Form II issued by the employer or if he is running own work/business submit any registration certificate issued by the local authority to run business under e-Shram (UAN) portal along with proof of Birth.

(2) The worker applying under sub-rule (1) shall comply with the provisions of clause (f) of sub-section (1) of section 2.

(3) The registering authority shall satisfy that the applicant has complied with the provisions of clause (f) of sub-section (1) of section 2 and he shall collect registration fee of Rs.50/- from the worker and register such worker as beneficiary of the schemes of the Board and shall issue him an ID card and a receipt for the same.

(4) The registration shall be renewed for every three years with the renewal fee of Rs.50/-. Worker shall submit updated documents regarding change of details if any in Form III.

(5) The registration of the worker shall be cancelled by the Registering Authority if such authority is satisfied that the registration has been obtained by false statement/declaration or by suppression of fact, after giving an opportunity of being heard to the affected worker by the registering authority to put forth his defense in the matter, before cancellation of his registration.

(6) The Registering Authority issue to every beneficiary an identity card with photo of beneficiary in Form IV.

14. Accident Benefit to the Registered Workers in case of Death, Disability and Medical Reimbursement.- (1) "Accident" means an event which is sudden without criminal intent and unforeseen resulting in death or incapacitation permanent, total or partial disablement;

Provided that same benefit is also available in case of cardiac arrest death (Heart attack) occurred while on duty.

(2) "Eligibility" Every registered worker, who meets with an accident during the course of his employment or outside the course of his/her employment, assistance under this rule shall be given by the Board excluding the following cases.

(a) Natural Death.

(b) Payment of compensation in respect of death or injury as a consequences of resulting from:-

- (i) committing or attempting suicide, intentional self injury;
- (ii) whilst under the influence of intoxicating liquor or drugs;
- (iii) committing any breach of law with criminal intent;

(3) Claims:

- (a) Every registered worker or his first living nominee who is eligible for accident benefit under sub-rule (2) shall apply to the Claims Authority notified under section 13 in Form V for death and Form V(1) for medical and disability along with FIR, Post mortem report, living member certificate of deceased and death certificate (in case of death), original medical bills and discharge summary for medical reimbursement and medical certificate issued by the taluk/district medical board showing clearly the percentage of permanent total disablement (incapacitation) or permanent partial disablement suffered by the applicant due to the accident occurred to.
- (b) the Claims Authority shall examine every application for accident benefit in accordance with the provision and may accept or reject the claim:

Provided that the claim authority in this behalf shall, before rejecting a claim for accident benefit, give the applicant a reasonable opportunity of making the representation.

- (c) The Claims Authority may grant benefit through Direct Benefit Transfer (DBT), a sum of Rs.5.00 lakh (Rupees Five Lakh only) for first living nominee in case of death, Rs.2 lakh (Rupees Two Lakh only) for permanent total disablement and Rs.1 lakh (Rupees One Lakh only) in case of permanent partial disablement in proportion to the percentage of disablement or hospital expenditure reimbursement.

15. Natural Death Assistance (Inclusive of Funeral expenses.- (1) If a registered worker dies, the Claims Authority shall pay a sum of Rs. 1 lakh (Rupees One Lakh only) to the nominee of the deceased registered worker inclusive of funeral expenses of the deceased registered worker.

(2) The application for claiming the amount specified in sub-rule (1) shall be in Form VI and shall be accompanied by the death certificate of the deceased registered worker, Living member certificate issued by revenue department, Aadhaar linked bank pass book and the original identity card issued to the deceased worker or registration number of the beneficiary for verification of validity and correctness by the Board in case of non availability of original identity card.

16. Education Assistance to registered worker's children.- (1) The Claims Authority may, on an application from a registered worker, sanction every year for their dependent children not exceeding two children, annual educational assistance, as under,-

Table

SL. No.	Educational Courses	Annual Educational Assistance (in Rupees)
01	12 th or equivalent	3000/-
02	Bachelor Degree or equivalent	5500/-
03	LLB/Para Medical/B.Pharma/Nursing and other professional courses, as specified by the State Government	8000/-

04	MBBS/BE/B.Tech and Post Graduation courses	11000/-
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(2) The application for claiming the amount specified in sub-rule (1) shall be in Form - VII.

(3) Educational Assistance shall be available for the current enrolment and only for the students enrolled in regular courses in institutions recognized by the Government. Distance Education Courses, Home Study Courses, Online Courses, etc. are not eligible to avail this benefit.

17. Education assistance to the children of the deceased/total permanent disabled registered workers due to accident.- (1) The Claims Authority may sanction every year for dependent children not exceeding two children of deceased worker who succumbed to accidental death or permanent total disablement, annual educational assistance, as under,-

Table

SL. No.	Name of Educational Courses	Annual Educational Assistance
01	1 st Standard to Degree and equivalent	Rs.10,000/-
02	LLB/Para Medical/ B.Pharm/ Nursing and other professional courses etc	Rs.20,000/-
03	MBBS/BE/B.Tech and Post Graduation courses	Rs.25,000/-

(2) The amount under sub rule (1) shall be sanctioned only if the following conditions are fulfilled, namely:-

- A minimum of one year shall have lapsed from the date of registration of the applicant to the date of his application:
- Only two children of a registered deceased/totally permanent disabled worker shall be given this assistance; and

(3) The application for claiming the amount specified in sub-rule (1) shall be in Form - VIII.

(4) Educational Assistance shall be available for the current enrolment and only for the students enrolled in regular courses in institutions recognized by the Government. Distance Education Courses, Home Study Courses, Online Courses, etc. are not eligible to avail this benefit.

(5) Benefit provided under rule 16 shall not be applicable to these beneficiaries.

18. Maternity benefit to registered women beneficiary.- (1) The Claims Authority, shall on an application, sanction a sum of Rs. 10,000 (rupees five thousand only), only for first two deliveries, to the female registered beneficiary on producing proof of delivery of a child.

(2) The amount shall be sanctioned, only if the following conditions are fulfilled, namely:

- (a) A minimum of one year shall have lapsed from the date of registration of the applicant as a worker with the Board, to the delivery of the child;
- (b) A registered worker can get this assistance only twice and that second claim application shall be accompanied by an affidavit stating that the claim is for second delivery;
- (c) The registered worker shall have no dues payable to the Board; and
- (d) The registered woman worker shall not be given this assistance if she already has two living children.

(3) The application for claiming the amount specified in sub-Rule (1), shall be in Form – IX.

19. Pension Scheme, eligibility, procedure and sanction of pension.-

(1) This scheme shall come into force after due notification by the State Government.

(2) Registered beneficiary shall pay contribution in the installments as specified in the notification by the State Government, under the Act.

(3) Every registered beneficiary.-

- (a) who has completed sixty years age;
- (b) who has paid subscription fee for a continuous period of not less than three years and remain as such worker until he attain the age of sixty years; and
- (c) who has paid the subscription fee until sixty years;

is eligible for pension.

(4) Every registered worker who is eligible for pension under sub rule (3) shall submit his application Form notified by the Government.

(5) The registered worker shall surrender his beneficiary identity card with the application.

(6) The Claims Authority, after verifying the application, shall send to the registered worker, the pension sanction order along with the pension identity card having electronically generated unique pension order No.

(7) If the Claims Authority after considering application comes to the conclusion that the applicant is not eligible for pension, such application shall be rejected after providing an opportunity of being heard, to the applicant.

(8) The legal dependent or heirs shall inform the Board/claim authority about the death of the pensioner along with the death certificate in order to stop the pension.

(9) The amount of pension shall not exceed a sum of Rs.3000/- (Rupees Three Thousand only) per month.

(10) The beneficiary shall submit the Living Certificate Form as notified by the Government to the sanctioning authority, for each year.

20. Appeal.- (1) A registered worker aggrieved by an order passed by the registering officer may appeal against such order to the Appellate Authority as notified by the Government within thirty days of from the date of order passed.

(2) A registered worker aggrieved by the rejection of claims by the Claims Authority or any grievance regarding claims may appeal against such order to the

appellate authority as notified by Government within sixty days from the date of rejection of such claims.

(3) the Appellate Authority, upon inquiries, dispose the said petition by passing an order of redressed and may also issue a direction to the Registering/Claims Authority.

Provided that the Appellate Authority may admit the appeal after the expiry of the said period of days if it is satisfied that the appellant was prevented by sufficient cause from filing the appeal in time.

21. Time limit for submission of applications.-Time limits for submission of applications for different claims shall be as follows:-

Sl. No.	Rule No.	Benefits	Time Limit
01	14	Accident Benefit to the Registered Workers in case of Death, Disability and Medical Reimbursement.	Within One year from the date of accident.
02	15	Natural Death Assistance (Inclusive of Funeral expenses).	Within six months from the date of death
03	16	Education Assistance to Registered Workers Children.	As Notified by the Board
04	17	Education assistance to the children of the deceased/total permanent disabled registered workers due to accident.	As Notified by the Board
05	18	Maternity benefit to registered women beneficiary.	Within nine months from the date of delivery
06	19	Pension Scheme.	As notified

22. Maintenance of Audit and Accounts.- (1) The accounts of the Board shall be prepared and maintained by the Board and shall be audited by the Auditors appointed by the Board once a year.

(2) As soon as may be after the receipt of the report of the auditor, the Board shall send a copy of the annual statement of accounts, together with the copy of the report of auditor to the State Government.

(3) The State Government may, after perusal of the report of the auditor, give such directions, as it thinks fit, to the Board and the Board shall comply with such directions.

23. Annual Reports.- The Board shall submit to the Karnataka State Legislature as soon as may be after the 1st of April every year and not later than 31st day of December an Annual Report in Form X, a soft and hard copies as may be required on the working of the Board during preceding year ending on 31st march of the year along with audited copies of Accounts together with an auditor's report.

24. Books of accounts, register and other records.- (1) The Board shall maintain cash register, assets register and all the books of accounts.

(2) The Board shall maintain required books of accounts for the purpose specified in rules 22 and 23.

(3) The Board shall maintain all the database of registration and claims in electronic format securely.

(4) The Board may maintain such records and registers as it consider necessary.

(5) The Registering Authority and Claims Authority shall maintain all the records submitted by applicant/beneficiary and produce those records whenever required by higher authority.

FORM - I

[See sub-rule (1) of rule 13]

THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS SOCIAL SECURITY AND WELFARE BOARD

Application for registration with "Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board.

To,

Registering Officer

01	Name as Per Aadhaar:	
02	Father/Spouse Name:	
03	Permanent Address:	_____ Taluk _____ Distri ct _____ State _____ PIN _____
03(A)	Assembly Constituency	
04	Present Address	_____ Taluk _____ Distri ct _____ State _____ PIN _____
05	UAN No. (eShram registration No.)	
05(A)	Aadhaar No.	
05(B)	Ration Card Type and No.	APL/BPL and No.
06	Gender	Male/Female/Transgender
07	Date of Birth	DD/MM/YYYY
08	Religion	Hindu/Muslim/Christian/Other
08(A)	Caste	SC/ST/OBC/Gen
10	Educational Qualification	Illiterate/Primary School/Secondary School/10th/12th/ITI/Diploma/Degree/Post Graduate
11	Nature of Work	As per List identified by the Board.
12	Experience in Work at the time of registration	Year and Month
13	Work Specified registration No. (i.e., If driver DL No., If conductor License No. etc.)	
14	Working with Employer/Organisation	Yes/No

14(A)	If Yes	a) Name of the Employer b)Address with contact No. c)Daily Wage. d)Monthly Wage.
15	Nominee Details	Sl.No: Name: Gender: Relation: Father/Mother/Spouse/Son/Daughter. Age: Marital Status:
16	Aadhaar Linked Bank Account No.	

I hereby declare that all the above information and documents submitted are true and correct to the best of my knowledge and belief. I also realise that it is an offence to furnish false information to a public authority and that if any information is found false, I may be prosecuted for the same.

Place:

Date:

Signature/LTI of Applicant

Documents to be upload:

- Photo
- Employee ID/Employment Certificate (If working in an organisation).

Acknowledgment

Smt./Mr..... Application No.

Date:..... an application has been submitted for registration with "Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board. The application and supporting documents are subject to verification.

Place :

Date :

Signature and seal of the officer

Sanction/Rejection Order

Application No.....Date..... registration with “Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board and documents are satisfactory. So, I registered the worker with “Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board.

Place :

Date :

Signature of the registration authority

.....

For the following reasons I have rejected the application No.:..... Date:..... for registration with “Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board.

1.

2.

3.

Place :

Date :

Signature of the registration authority

FORM -II
[See sub-rule (1) of rule13]
THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS
SOCIAL SECURITY AND WELFARE BOARD
Employment Certificate

Shri/Smt./Kum_____C/o_____ residing
 at _____, is working as
 _____ in our organisation since_____ months
 _____years. He/She is receiving Rs._____as daily/monthly wages.

Our Organisation details are as follows:

1. Name of Organisation/Employer:_____
2. Address of Organisation/Employer: _____

3. Name and Phone/Mobile No of Contact person:_____
4. Employee ID (If available) and Date of Joining our
 organisation:_____

Place:

Date:

Signature and seal of employer/organization

FORM -III
[See sub-rule (4) of rule 13]
THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS
SOCIAL SECURITY AND WELFARE BOARD

Application for renewal of registration with “Karnataka Motor Transport and Other
 Allied Workers Social Security and Welfare Board.

To,
 Registering Officer

Tick Which is to be updated in registration details	
01	Registration No. and Date of registration
02	Previous registering officer details
01	Name as Per Aadhaar:

02	Father/Spouse Name:		
03	Permanent Address:		_____ Taluk _____ District _____ _____ State _____ PIN _____
03(A)	Assembly Constituency		
04	Present Address		_____ Taluk _____ District _____ _____ State _____ PIN _____
05	UAN No. (eShram registration No.)	Can not change d	
05(A)	Aadhaar No.	Can not change d	
05(B)	Ration Card Type and No.		APL/BPL and No.
06	Gender	Can not change d	Male/Female/Transgender
07	Date of Birth	Can not change d	DD/MM/YYYY
08	Religion	Can not change d	Hindu/Muslim/Christian/Other
08(A)	Caste	Can not change d	SC/ST/OBC/Gen
10	Educational Qualification		Illiterate/Primary School/Secondary School/10th/12th/ITI/Diploma/Degree/Post Graduate
11	Nature of Work		As per List identified by the Board.
12	Experience in Work at the time of registration		Year and Month
13	Work Specified registration No. (i.e., If driver DL No., If conductor License No. etc.)	Can not change d unless occupation change d	

14	Working with Employer/Organisation		Yes/No
14(A)	If Yes		a) Name of the Employer b)Address with contact No. c)Daily Wage. d)Monthly Wage.
15	Nominee Details		Sl.No: Name: Gender: Relation: Father/Mother/Spouse/Son/Daughter. Age: Marital Status:
16	Aadhaar Linked Bank Account No.		

I hereby declare that all the above information and documents submitted are true and collect to the best of my knowledge and belief. I also realise that it is an offence to furnish false information to a public authority and that if any information is found false, I may be prosecuted for the same.

Place:

Date:

Signature/LTI of Applicant

Documents to be upload:

- Photo
- Employee ID/Employment Certificate (If working in an organisation).

Acknowledgment

Smt./Mr..... Application No.

Date:..... an application has been submitted for renewal of registration with “Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board. The application and supporting documents are subject to verification.

Place :

Date :

Signature and seal of the officer

Sanction/Rejection Order

The Application No.....Date..... renewal of registration with “Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board and documents are satisfactory. So, I registered the worker with “Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board.

Place :

Date :

Signature of the registration authority

.....
For

the following reasons I have rejected the application No.:.....
 Date:..... for renewal of registration with “Karnataka Motor Transport and Other Allied Workers Social Security and Welfare Board.

1.

2.

3.

Place :

Date :

Signature of the registration authority

FORM -IV
[See sub-rule (6) of rule 13]
THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS SOCIAL
SECURITY AND WELFARE BOARD
Identity Card



Govt. of Karnataka : Department of Labour
 Karnataka Motor and Other Allied Workers Social Security and Welfare Board, Bengaluru

Identity card

Photo	Registration No. with date of registration and expiry	:	
	Name	:	
	Father/Spouse Name	:	
	Gender	:	
	Date of Birth	:	
	Occupation	:	
	Address	:	
	Mobile No.	:	

Workers signature /LTI

Registration authority

Terms and Conditions

Contact Details

.....

FORM -V

[See sub-rule (3) of rule 14]

THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS SOCIAL SECURITY AND WELFARE BOARD**Application for Accidental Death Claim to Registered Workers**

Application No:
To,
 Claim Authority,

Registered Workers Photo (if available)	Applicant/ Nominee Photo
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1	Applicant's/Nominee Personal Details:		
	1. Name as per Aadhar		
	2. Date Of Birth & Age		
	3. Aadhar Number		
	4. Relationship with Registered Worker		
	5. Address	Permanent	Present
	6. Mobile Number		
	7. Date of accident.		
8. Date of Death			
2	Registration Details of Transport Workers:		
	1. Transport Worker Name		
	2. Registration Number:		
	3. Driving/Conductor License Number (In Case Drivers/Conductor)		
	4. Father/Spouse Name		
	5. Date Of Birth & Age:		
6. Occupation:			
3	Bank Details of Applicant/Nominee		
	• Bank Name		
	• Branch Name		
	• Aadhaar linked Account Number		
	• IFSC Code		

4	List of Documents Submitted: (All Attested copy's) Yes/No
	1. Original registration Identity Card of worker
	2. Valid Driving/Conductor license Copy (In case of Drivers/Conductor)
	3. FIR copy (Attested by respected Police Station).
	4. Post Mortem report (Attested by respected Police station or Hospital)
	5. Death Certificate of worker
	6. Aadhar card copy of Applicant/Nominee and deceased
	7. Ration card (If available)
	8. Living Member Certificate of deceased (Issued by Revenue Department)
	9. Copy of Applicant/Nominee Aadhaar linked bank passbook

I hereby declared that the details furnished above are true and correct to the best of my knowledge. In case any of above information is found to be false or untrue. I am aware that I may be held liable for it.

Place :

Date :

Signature/Thumb impression of the Nominee

Acknowledgment

Smt./Mr..... Application No.

Date:..... an application has been submitted for accidental benefit. The application for accidental death benefit and supporting documents are subject to verification.

Place :

Date :

Signature and seal of the officer

Sanction/Rejection Order

The Application No.....Date..... for accidental death benefit and documents are satisfactory. So, I paid Rs. under accidental death benefit for the year.

Place :

Date :

Signature of the Claim authority

.....

For the following reasons I have rejected the application No.:..... Date:..... for accidental death benefit.

1.

2.

3.

Place :

Date :

Signature of the claim authority

FORM -V(1)**[See sub-rule (3) of rule 14]****THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS
SOCIAL SECURITY AND WELFARE BOARD****Application for Accidental Permanent Disability /Medical Reimbursement to
Registered Workers****Application No:****To,**

Claim Authority,

Registered Workers Photo

1	Applicant/Registered worker Personal Details:	
	1. Name as per Aadhaar	
	2. Registration Number:	
	3. Occupation:	
	4. Driving License Number (In Case Drivers/Conductor)	

	5. Date Of Birth & Age		
	6. Aadhar Number		
	7. Address	Permanent	Present
	8. Mobile Number		
	9. Date of accident.		
	10. Claim type	Medical	Permanent Disability
	11. If disability, Disability certificate No. issued by medical board.		
	12. Percentage of Disability.		
2	Bank Details of Applicant/Registered worker		
	• Bank Name		
	• Branch Name		
	• Aadhar linked ban account Number		
	• IFSC Code		
3	List of Documents Submitted: (All Attested copy's) Yes/No		
	1. Registration Identity Card		
	2. Valid Driving/Conductor license Copy (In case of Drivers/Conductor)		
	3. FIR copy (Attested by respected Police Station).		
	4. Disability certificate issued by medical board		
	5. Original Bills and Cash Paid Receipts of Hospital (Original copy).		
	6. Discharge Summary (Original copy).		
	7. X-Ray Copies (Original copy).		
	8. Aadhar card copy of applicant/registered worker		
	9. Copy of Applicant/registered workers Bank Passbook		

I hereby declared that the details furnished above are true and correct to the best of my knowledge. In case any of above information is found to be false or untrue. I am aware that I may be held liable for it.

Place :

Date :

**Signature/Thumb impression
of the Applicant/registered worker**

Acknowledgment

Smt./Mr..... Application No.

Date:..... an application has been submitted for accidental permanent disability /medical reimbursement benefit. The and supporting documents are subject to verification.

Place :

Date :

Signature and seal of the office

Sanction/Rejection Order

The Application No.....Date..... for accidental permanent disability /medical reimbursement benefit and documents are satisfactory.

So, I paid Rs. under accidental permanent disability /medical reimbursement benefit for the year.

Place :

Date :

Signature of the Claim authority

.....
.....

For the following reasons I have rejected the application No.:..... Date:..... for accidental permanent disability /medical reimbursement benefit.

- 1.
- 2.
- 3.

Place :

Date :

Signature of the claim authority

FORM -VI

[See sub-rule (2) of rule 15]

**THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS
SOCIAL SECURITY AND WELFARE BOARD****Application for Natural Death Claim to Registered Workers****Application No:****To,**

claim authority.

Registered Workers Photo (If available)	Applicant/ Nominee Photo
--	--------------------------------

1	Applicant/Nominee Personal Details:	
	1. Name as per Aadhar	
	2. Date Of Birth & Age	
	3. Aadhaar Number	
	4. Relationship with Registered Worker	
	5. Address	Permanent Present
	6. Mobile Number	
2	Registration Details of Transport Workers:	
	1. Transport Worker Name	
	2. Registration Number:	
	3. Driving /Conductor License Number (In Case Drivers/Conductor)	
	4. Father/Spouse Name	
	5. Date Of Birth & Age:	
	6. Occupation:	
	7. Date of Death:	
3	Bank Details of Nominee	
	• Bank Name	
	• Branch Name	
	• Aadhaar linked bank account number	
	• IFSC Code	
4	List of Documents Submitted: (All Attested copy's) Yes/No	

	1. Original registration Identity Card of worker	
	2. Death Certificate of worker	
	3. Aadhaar card copy of Applicant/Nominee and deceased	
	4. Valid Driving/Conductor license Copy (In case of Drivers/Conductor)	
	5. Living member certificate issued by revenue department.	
	6. Ration card (if available)	
	7. Copy of Applicant/Nominee Aadhaar linked Bank Passbook	

I hereby declared that the details furnished above are true and correct to the best of my knowledge. In case any of above information is found to be false or untrue. I am aware that I may be held liable for it.

Place :

Date :

Signature/Thumb impression of the Nominee

Acknowledgment

Smt./Mr..... Application No.

Date:..... an application has been submitted for natural death benefit. The application and supporting documents are subject to verification.

Place :

Date :

Signature and seal of the officer

Sanction/Rejection Order

The Application No.....Date..... for natural death benefit and documents are satisfactory. So, I paid Rs. under natural death benefit for the year.

Place :

Date :

Signature of the Claims Authority

.....

For the following reasons I have rejected the application
No.:..... Date:..... for natural death benefit.

- 1.
- 2.
- 3.

Place :

Date :

Signature of the Claims Authority

FORM -VII

[See sub-rule (2) of rule 16]

THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS SOCIAL SECURITY AND WELFARE BOARD

Education Assistance For Registered Transport Workers Children

Application No:

To,

Claim Authority,

**Student
Photos**

1	Transport Worker's Personal Details:					
	1. Name as per Aadhaar					
	2. Registration Number:					
	3. Date Of Birth & Age					
	4. Aadhar Number					
	5. Occupation					
	6. Postal Address					
	7. Mobile Number					
2	Education Details of Beneficiary Children:					
	Sl. No	Student Name	Date Of Birth	The class being studied	Aaadhaar Number	School Name, Address & Contact Number
3	Bank Details of Student					

	• Bank Name:	
	• Branch Name:	
	• Account Number:	
	• IFSC Code:	
4	List of Documents Submitted:	
	1. Registration card	
	2. Current Year Study Certificate	
	3. Previous Year Passed Marks Card	
	4. Aadhaar card copy of Applicant & Student	
	5. Copy of student aadhaar linker bank Passbook	

I hereby confirm that the information given above is correct to the best of my knowledge and belief and that not more than two children have received similar facility.

Place :

Date :

Signature/Thumb impression of the Applicant

Acknowledgment

Smt./Mr..... Application No.

Date:..... An application has been submitted for Educational Financial Assistance. The application and supporting documents including signatures are subject to verification.

Place :

Date :

Signature and seal of the office

Sanction/Rejection Order

The Application No.....Date..... for Educational Financial Assistance and documents are satisfactory. So, I paid Rs. under Educational Financial Assistance Facility in the year to the student of

Place :

Date :

Signature of the claim authority

.....

.....

For the following reasons I have rejected the application No.:..... Date:..... for Educational Financial Assistance Facility.

- 1.
- 2.
- 3.

Place :

Date :

Signature of the claim authority

FORM -VIII**[See sub-rule (3) of rule 17]****THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS SOCIAL SECURITY AND WELFARE BOARD****Education Assistance For Deceased/Permanent Disabled Registered Workers due to accident****Application No:****To,**

Claim Authority.

Student Photo

1	Registered worker personal Details:	
	1. Name as per Aadhaar	
	2. Registration Number:	
	3. Order No. benefits claimed under Rule ().	

4. Date Of Birth & Age						
5. Aadhaar Number						
6. Relationship with Registered Worker						
7. Postal Address						
8. Mobile Number						
2 Details of registered worker Children's:						
Sl. No	Student Name	Date Of Birth	The class being studied	Aadhaar Number	School Name, Address & Contact Number	
1						
2						
3 Bank Details of Students						
• Student Name as per bank passbook.						
• Bank Name						
• Branch Name						
• Account Number						
• IFSC Code						
4 List of Documents Submitted:						
1. Identity Card						
2. Current Year Study Certificate						
3. Previous Year Passed Marks Card						
4. Order Copy of benefits claimed under Rule ()						
5. Aadhaar card copy of registered worker & Student						
6. Copy of student aadhaar linked bank passbook						

I hereby confirm that the information given above is correct to the best of my knowledge and belief and that not more than two children have received similar facility.

Place :

Date :

Signature/Thumb impression of the Applicant/
registered worker/student

Acknowledgment

Smt./Mr..... Application No.

Date:..... An application has been submitted for educational assistance for deceased/permanent disabled registered workers due to accident. The application and supporting documents including signatures are subject to verification.

Place :

Date :

Signature and seal of the office

Sanction/Rejection Order

The Application No.....Date..... for educational assistance for deceased/permanent disabled registered workers due to accident and documents are satisfactory. So, I paid Rs. under educational assistance for deceased/permanent disabled registered workers due to accident in the year.

Place :

Date :

Signature of the Claims Authority

For the following reasons I have rejected the application No.:..... Date:..... for educational assistance for deceased/permanent disabled registered workers due to accident.

1.

2.

3.

Place :

Date :

Signature of the Claims Authority

FORM -IX**[See sub-rule (3) of rule 18]****THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS SOCIAL SECURITY AND WELFARE BOARD****Maternity Benefit for Registered Female Transport Worker****Application No:****To,**

Claims Authority,

**Worker
Photo**

1	Transport Worker's Personal Details:	
	1. Name as per Aadhar	
	2. Registration Number:	
	3. Date Of Birth & Age	
	4. Aadhar Number	
	5. Occupation	
	6. Address	Permanent Present
	7. Mobile Number	
2	Maternity Details of Transport Workers:	
	1. Date of Delivery	
	2. Gender of Child	
	3. Place of birth	
	4. Whether claiming for First/Second child	
3	Bank Details of registered worker	
	• Bank Name:	
	• Branch Name:	
	• Account Number:	
	• IFSC Code:	
4	List of Documents Submitted:	
	1. Registration Card	
	2. Tayi card	
	3. Birth Certificate of Child	

	4. Copy of aadhaar linked bank Passbook	
	5. Affidavit stating previously not claimed for any children/claiming for second children	

I hereby confirm that the information given above is correct to the best of my knowledge and belief and I have not more than two children have received similar facility.

Place :

Date :

Signature/Thumb impression of the registered worker

Acknowledgment

Smt./Mr..... Application No.
Date:..... an application has been submitted for maternity benefit. The application and supporting documents are subject to verification.

Place :

Date :

Signature and seal of the office

Sanction/Rejection Order

The Application No.....Date..... for maternity benefit and documents are satisfactory. So, I paid Rs. under maternity benefit for the year.

Place :

Date :

Signature of the Claims Authority

.....
.....

For the following reasons I have rejected the application No.:..... Date:..... for maternity benefit.

1.

2.

3.

Place :

Date :

Signature of the Claims Authority

FORM -X
[See rule 23]
THE KARNATAKA MOTOR TRANSPORT AND OTHER ALLIED WORKERS
SOCIAL SECURITY AND WELFARE BOARD
Annual Report for the Year _____.

Sl.No.	Particular	Information
01	Name of the Board	
02	Date of Constitution	
03	Name of Chairperson	
04	Members of the Board	
05	Regional Office (If any)	
06	No. of Staff of the Board with grade wise (Including regional office)	
07	No. of beneficiaries registered with the Board.	
08	No. of beneficiaries registered during the Year.	
09	State the number of meetings held with dates during the year and copy of proceedings to be attached.	
10	Audit identifications during the year.	
11	Compliance taken for previous year audit identifications	
12	Internal audit report to be attached along with financial statements	
13	Recommendations by Internal auditor during previous year and compliances.	
14	Cash and Bank balance at the end of 31 st March. (If more than one bank account, mention separately).	
15	Movable and immovable property details.	
16	Receipts during the year as per section 14 of the act.	
17	Expenditure as per section 15 of the act. (mention Scheme wise and other expenditure details).	
18	Court Case details if any.	
19	Proposals sent during the year to Govt.	

By Order and in the name of the
Government of Karnataka

SUMA S.
Under Secretary to Government,
Labour Department.